

to see that this vital fact is incorporated in legislation. Until that can be accomplished, let us hope that medical practitioners will increasingly realize that when they refer cases of neuralgia, neuritis, sacro-iliac diseases or neurasthenia, etc., to chiropractors and osteopaths, they are educating the public to regard these sectarians as their betters and consultants. For this folly scientific medicine and the public are paying and will pay dearly, before the public learns that all who make a profession of treating human ills should have the same minimum qualifications.

Routine Urine Examinations in University—At the University of California, a compulsory physical examination is required of all students on matriculation, according to Robert T. Legge, Berkeley, Calif. (Journal A. M. A.) The record of this examination is utilized on every occasion on which hospital or dispensary care is required, as it contains the full personal and family history and the complete physical findings. During the fall semester of 1924, 1224 men students, averaging in age from 18 to 20 years, were given complete chemical and microscopic urine examinations, and 4.2 per cent were found to have abnormal urine findings. In several of the samples submitted, two or more abnormalities were found. Of the fifty-one students whose urine specimens were regarded as abnormal, the following conditions were present: Albumin (faint trace), 34; albumin (decided trace), 6; sugar reduction, 3; mucus, 21; pus cells, 17; red cells, 4; granular casts, 4, and hyaline casts, 6. All these student cases were followed up, and it is of interest to observe the actual end-results and diagnosis. The specimens with faint traces of albumin determined in this group, in the majority of instances, were found to be physiologic, either as a result of a preliminary shower, or the escape of prostatic secretion during the excitement of the examination and the straining in the act of micturition. These cleared up on subsequent examinations. Of the six with decided traces, with or without casts, two were nephritic and one had a history of previous eruptive fevers. In three cases with red and white cells in the urine, two proved to be tuberculosis of the kidney and one a case of nephrolithiasis. The diagnosis was confirmed by cystoscopic and roentgen ray examination and animal inoculation. The patients that needed surgical treatment were referred for operation, and the remainder were treated medically. The point made is that, with the exception of one case, none of these students realized that they possessed any kidney or bladder lesions.

History of Medical Journals—"In an article written by Leartus Connor, M. D., and printed in the Journal of the American Medical Association, June 14, 1884, it is stated that the first medical journal published was issued at Paris, France, in 1679. It was edited by Nicholas de Blegny, 'who seems to have been "a good bit of a charlatan."' The first medical journal printed in the United States was in the nature of a translation of the Journal de Medicine Militaire issued in Paris from 1782-88. This appeared in New York about 1700. The first strictly American medical journal, according to Connor, was the Medical Repository, a quarterly, edited by S. L. Mitchell, Edward Miller, and E. H. Smith, and published in New York, 1797-1824. The Philadelphia Medical Museum, the second American journal, came into existence in 1804, and retired from the field after a career of seven years. This was edited by Dr. —. —. Coxe. Baltimore was the home of the third medical journal of the United States, the Baltimore Medical and Physical Recorder, 1808-09. Dr. Tobias Watkins was its editor. Medical journalism in Boston began with the New England Journal of Medicine and Surgery, 1812-27. This was a quarterly, and in 1828 was consolidated with the Boston Medical Intelligencer. This combination established the Boston Medical and Surgical Journal, which is still in existence and is now published by the Massachusetts Medical Society under the editorship of Dr. W. P. Bowers."—A. M. A. Bulletin.

EDITORIALS

MEDICAL HISTORY OF CALIFORNIA AND ELSEWHERE

The story of the beginnings, growth and development of medicine in the Golden State has never been told. This number of CALIFORNIA AND WESTERN MEDICINE is largely devoted to that subject. No attempt has been made to mold the articles into a fixed pattern, but rather to let them reflect the minds of students versed in various phases of the stimulating problem. There also are articles upon other phases of the history of medicine. We are pleased with the result, and we hope our readers will approve.

Unfortunately, several promised manuscripts came in too late to be used, and one of exceptional value had to be omitted because of its unusual length.

The complete story of the history of Western Medicine ought to be told, and the House of Delegates of the California Medical Association would render medicine and humanity a service by appointing and financing a wisely selected committee to push the work through to completion and publication.

Several of the illustrations used in this number have not before been published. Others have been lent to us by various friends and publishers. The Long Island Medical Journal and the Arlington Chemical Company, one of our advertisers, have co-operated with us most helpfully in supplying cuts of several copies of old masterpieces upon medical subjects.

We regret that biographical sketches of more of our own Western physician pioneers could not be secured.

EDITORIAL ACKNOWLEDGMENT

I wish to take this occasion to express my appreciation of the efforts of Doctor Hans Barkan, who has acted as co-editor with me in the production of this number of CALIFORNIA AND WESTERN MEDICINE.

Both Doctor Barkan and the editor wish to acknowledge the very splendid spirit of co-operation which the contributors to this number and many other physicians have shown in its production.

It would be of material assistance to the editor if readers would write notes of the reactions the number produces on them, with particular reference to whether or not in their opinion it would be considered advisable to repeat the Historical number at irregular intervals when sufficient material is available.—EDITOR.

THE PASSING OF A BELOVED PHYSICIAN

The cause of better health loses one of its most useful and valuable exponents and leaders in the passing of Walter Thomas Williamson, who died recently at his home in Portland, Oregon. All physicians everywhere lose a valued counselor, and thousands of those of Western America a loved friend. The public in general have lost a health leader of greater value to them than they will ever understand or appreciate.